

HAWAII STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM STATE OF HAWAII (Type or Print Clearly) STATE ETHICS COMMISSION

PART I **LOBBYIST** NAME (Last) (First) (Middle) **TELEPHONE** Yajima Tiffany Ν 539-0843 MAILING ADDRESS (Street) FAX 533-4945 1099 Alakea Street, Suite 1400 **EMAIL** tyajima@awlaw.com (City) (State) (Zip Code) Honolulu HI 96813 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** Slovin & Ito, LLP 539-0400 MAILING ADDRESS (Street) FAX 533-4945 1099 Alakea Street, Suite 1400 **EMAIL** (Zip Code) (City) (State) 96813 Honolulu HI

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU	TELEPHONE 973-753-6000 FAX	
Wyndham Worldwide Col		
MAILING ADDRESS (Street)		
7 Sylvan Way	EMAIL	
(City)	(State)	(Zip Code)
Parsippany	NK	07054
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Thomas Goodman		407-370-5313
MAILING ADDRESS (Street)		FAX (407) 370-5222
6277 Sea Harbor Drive		EMAIL tom.goodman@wyn.com
(City)	(State)	(Zip Code)
Orlando	FL	32821

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	☐ Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	🗹 Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	✓ Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections	Taxation		
PART IV CERTIFICATI					
I hereby certify that to	he information furnished abov	e is, to the best of my knowle	dge, correct and complete.		
nimas a Maine			1/8/13		
(Signature of Lobbyist)		(Date)			
<u> </u>					
PART V AUTHORIZAT	TION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Marcus Banks	SVP Litigation and Government Relations				
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Wyndam Worldwide Corporation			973-753-7839		
MAILING ADDRESS (Street)			FAX		
22 Sylvan Way			EMAIL marcus.banks@wyn.com		
(City)	(State)		(Zip Code)		
Parsippany	NJ		07054		
I hereby authorize the	e above - named person to er	ngage in lobbying activities on	behalf of the undersigned.		
			3/13		
(Signature of Authorizing Officer or Person Represe		sented)	(Date)		